

Registered Professional Information and Proof of Insurance

This form is required to be completed for **each** Registered Professional providing Letters of Assurance along with a copy of their valid insurance.

The copy of valid Insurance has been attached.

Date:

Project Address:

I am the Registered Professional responsible for: Check all that apply

Architectural **Structural** **Mechanical** **Plumbing** **Fire Suppression** **Geotechnical** **Electrical**

Name:

Company Name:

Address:

Ph/Cell:

Email:

This is to confirm that the undersigned registered professional is insured by a policy of insurance covering liability to third parties for errors and omissions in the provision of professional services in respect of the captioned project, **a certificate for insurance which is attached.**

The undersigned will notify both the Building Official and the owner who has engaged the undersigned to provide professional services in respect of the captioned project, in writing, of any termination of or change in terms of the coverage provided by the policy, immediately upon being informed of or becoming aware of such termination or change.

Registered Professional Signature: